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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* N/A

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/09/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 19	CLAIMS 21	CLAIMS 3
Verified and Acknowledged Examiner's Signature	ss Initials				

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## TITLE

Statistical analysis for implantable cardiac devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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